STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed properly store food in a manner to prevent cross-contamination and failed to label prepared foods stored in the refrigerator. This applies to all residents residing in the facility.The findings include:The CMS 671 form, dated 12/2/25, showed there were 164 residents residing in the facility.On 12/2/25 at 9:40 AM, there was a cardboard box of cornflakes on the floor of the dry storage room. The surveyor showed V10 (Hostess/Assistant Supervisor) the box and asked if food should be stored on the floor. V10 replied, No that shouldn't be on the floor because the floor may be dirty and there is a risk of cross contamination. At 9:43 AM, there were two boxes of food (1 with elote and another with baguettes) on the floor of the left side of the freezer. The boxes were frozen to the floor of the freezer. On the right side there was a box of unknown food and a black plastic bag on the floor of the freezer. The surveyor asked V10 what was in the box. V10 attempted to pull the box out from under the shelving but was unable to remove the box from the floor. V10 moved items on the shelf above and stated the box contained waffles, but it was stuck pretty good. The surveyor asked what was in the black, plastic bag. V10 opened the bag and said it was a frozen turkey. There were boxes of beef bulgogi and pork loins on the shelves above the waffles and turkey. V10 said there should be any boxes or food items stored on the floor of the freezer. At 9:48 AM, there was a tomato and tomatillo on the floor of the walk-in refrigerator. There were stainless steel contains of prepared lettuce, tomato, and onion. The lettuce was discolored to a yellow/brown and red color. The diced tomatoes and onions were very watery. The bins were covered with clear, plastic wrap, but they were not labeled. The surveyor asked V10 about the bins. V10 stated, That's prep for salad. The night shift cook must have put them in here. It shouldn't look like that and will need to be thrown out. V10 said she didn't see any labels on the containers. The surveyor asked if the tomato and tomatillo should be on the floor of the refrigerator. V10 replied, No, they should be thrown out.On 12/2/25 at 10:09 AM, V9 (Dietary Manager) said there shouldn't be any food items stored within 6 inches of the floor and 12 inches from the ceiling due to the risk of cross-contamination. V9 accompanied the surveyor to the walk-in freezer, the boxes were still on the floor. V9 stated, There shouldn't be any food stored on the floor. V9 was able to remove the box of elote and baguettes from the left floor but had to tug on the box of waffles to remove them from the floor. V9 said the freezer shouldn't have any food stored on the floor, especially under meat to avoid the potential for drippings and cross-contamination. At 10:15 AM, the surveyor entered the walk-in refrigerator with V9 and asked about the food in the steel containers. V9 stated, That's salad from yesterday, but it is no good and it will need to be disposed of. V9 said there was no label on the containers and there should be. V9 said the purpose of the labels communicate when the food was prepared and when it should be disposed of. The facility's Food Storage Policy, revised 7/17, showed, Food storage areas will be maintained in a clean, safe and sanitary manner. Purpose: To reduce the risk of food borne illness. Procedure: .2. All food items will be stored 6 inches above the floor and 18 inches below the ceiling. Food will be stored on shelves, racks, dollies, or other surfaces which are easily cleanable.The facility's Labeling and Dating Policy, revised 7/24, showed, Ready-to-eat time/temperature control for safety foods may be stored in the refrigerator (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	held at 41 degrees Fahrenheit for 7 days. Purpose: To reduce the risk of food borne illness. Procedure: .1. Ready-to-eat/temperature for safety (TCS) food that is held for less than 24 hours may be labeled with the common name and date it is placed in the refrigerator. 2. On premise preparation of ready-to eat TCS that is to be held for longer than 24 hours in the refrigerator will be marked to indicate which date or day the food must be consumed or discarded. The day or date marked by the food service establishment may not exceed the manufacturer's use by date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify a resident's provider of elevated blood glucose levels. This applies to 1 of 1 residents (R34) reviewed for notification in the sample of 45. The findings include:R34's admission Record (Face Sheet) showed a current admission date of 11/9/24, with diagnoses to include but not limited to, diabetes type2, heart failure, and atrial fibrillation (rapid, irregular heartbeat). R34's Order Summary Report (physician orders) showed an order for rapid acting insulin before meals. The order shows the amount of insulin to be given is dependent upon R34's blood sugar value. The order shows if R34's blood sugar is greater than 350, then the nurse should give 10 units of rapid acting insulin and call the provider. (All blood sugar values are in milligrams per deciliter.) R34's October 2025 Medication Administration Record (MAR) showed on 10/1/25 a blood sugar of 378 prior to his evening meal. The MAR showed a value of 351 on 10/3/25 prior to his noon meal. The MAR showed a value of 359 on 10/12/25 prior to his evening meal. R34's MAR showed a blood sugar value of 365 on 10/14/25 prior to his evening meal. R34's care plan showed blood sugar results that are outside of ordered parameters should be reported to the provider (8/29/25). R34's October 2025 Nurses' Notes showed no physician communication documentation for the blood sugar values equal to or greater than 351. R34's November 2025 MAR showed on 11/16/25 a blood sugar value of 379 prior to his noon meal, a value of 353 on 11/17/25 prior to his noon meal, and a value of 388 on 11/23 prior to his noon meal. R34's November 2025 Nurses' Notes showed no documented physician communication for the above blood sugar values greater than 351. On 12/04/2025 at 9:51 AM, V5, Registered Nurse (RN), stated she has had to call providers for elevated blood sugar values. V5 stated the provider will typically say continue to monitor the resident or the provider will give an order for additional insulin and continue to monitor. V5 said the provider communication would be documented in the nurses' notes. On 12/04/2025 at 10:21 AM, V2, Director of Nursing (DON), stated, Typically when providers are notified for high blood sugar values, they will either order more insulin or say, 'thanks for notifying me.' The MAR links to the nurses' notes if the nurse checks a box that the provider was notified. While reviewing R34's progress notes, V2 stated he could not locate any nurses' notes in November 2025 indicating R34's provider had been notified of the high blood sugar values. V2 stated the purpose of notifying the provider is to make them aware of the elevated value and to evaluate if additional insulin is required. On 12/04/2025 at 12:33 PM, V4, Nurse Practitioner, stated she has been notified of R34's elevated blood sugars in the past, however, she does not know when or how often. V4 stated it is the facility's responsibility to document provider notifications and to document any orders she may give. V4 stated if she was notified of an elevated blood sugar, as high as 379 on 11/16/25, she would have ordered additional insulin. V4 said notification of elevated blood sugars are important because medication needs to be given.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview, and record review, the facility failed to ensure wound care was provided in a manner to prevent contamination of the wound bed for 1 of 8 residents (R144) reviewed for pressure injuries in the sample of 45.The findings include:R144's admission Record showed diagnoses including, but not limited to, hemiplegia and hemiparesis following a cerebral infarction affecting his left non-dominant side, a stage IV pressure ulcer of left heel, muscle spasms, and pain in his left foot. R144's care plan initiated on 5/2/2025 showed he has an actual alteration in skin integrity as evidenced by an abrasion to his left anterior ankle and a pressure injury to his left heel. R144's Order Summary Report showed an active order to clean the abrasion to his left anterior ankle, apply (a dressing designed to maintain moisture to the wound bed), and cover with a foam dressing. The report also showed an active order to cleanse R144's left heel with saline, paint with betadine, apply (dressing designed to maintain moisture to the wound bed), and cover with a foam dressing. R144's facility assessment, dated 10/29/2025, showed he was dependent on staff for transfers, lower body dressing, and putting on/taking off footwear. The assessment showed R144 required substantial/maximal assistance from staff for bathing and personal hygiene. On 12/3/2025 at 12/3/2025 11:03 AM, V12 (Wound Care Nurse/Licensed Practical Nurse) was doing dressing changes for R144's wounds. R144 had an abrasion on his left anterior ankle. V12 poured a small amount of saline over the wound bed and surrounding tissue, then placed dry gauze over the wound, picked up the gauze, and used the same gauze to wipe in one motion across the surrounding (peri-wound) skin, across the wound bed and then the surrounding skin on the other side of the wound. V12 repeated this action a second time with the same gauze before applying the dressing designed to keep the wound bed moist, and then the foam dressing. When providing wound care to R144's stage IV pressure injury on his left heel, V12 used the same technique: Poured a small amount of saline over the wound bed and surrounding tissues (peri-wound), put dry gauze over the wound bed, picked up the gauze and used the same gauze to wipe in one motion across the peri-wound skin, across the wound bed, and across the peri-wound skin on the other side of the wound. V12 repeated this action a second time, then applied betadine to the wound bed. While applying the betadine, V12 was swabbing the wound bed and surrounding skin, going back over the wound bed after the peri-wound skin several times before applying the foam dressing. On 12/4/2025 at 9:27 AM, V12 (Wound Care Nurse-LPN) said she should not have touched the wound bed with the same gauze that she touched the peri-wound skin with, for infection control. The facility's 3/2021 policy and procedure titled Non-Sterile Dressing Change showed 1. Non-sterile dressings protect open wounds from contamination and absorb drainage. 2. Designated staff member will use non-sterile dressing technique for all dressing changes unless otherwise indicated by Physician/NP (Nurse Practitioner) or manufacturer guidelines. Clean aseptic technique should be used (a practice that minimizes the transfer of microorganisms to prevent infection).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide an ordered treatment for contractures. This applies to 1 of 1 residents (R89) reviewed for range of motion in the sample of 45. The findings include:R89's admission Record (Face Sheet) showed he was admitted to the facility on [DATE], with diagnoses to include but not limited to, paralysis to his right side due to a stroke, dementia, and nerve pain. R89's 10/30/25 Quarterly Minimum Data Set (MDS) showed he had severe cognitive impairment. R89's Order Summary Report (Physician Order Sheet, POS; as of 12/4/25) showed an order started on 9/10/24 for [cotton gauze wrap] to right hand during the day and off at night, can remove for skin checks. On 12/04/2025 at 9:49 AM, R89's right hand appeared contracted. R89 did not have a (cotton gauze) wrap in or around his right hand. On 12/04/2025 at 9:57 AM, V6, Licensed Practical Nurse (LPN), stated she has provided care for R89. V6 stated she believed the order was not a wound dressing, but a cotton roll to be placed in R89's hand due to his contracture. V6 stated she was aware of the order, and she believed the nurses would provide the roll. V6 stated she follows physician orders, but she also follows what is indicated in the Medication Administration Record (MAR) and the Treatment Administration Record (TAR). R89's November 2025 and December 2025 MAR/TAR, as of 12/4/25, showed no orders or entries for R89's cotton roll. On 12/04/2025 at 10:14 AM, V2, Director of Nursing, stated the restorative nurse was on vacation and she was not available. V2 stated he does not know what the cotton roll was for; however, it was most likely for R89's contracture. V2 stated the cotton roll should be documented as being done or refused on the TAR (Treatment Administration Record). V2 stated the purpose of cotton rolls for residents with contractures is to prevent their fingernails from digging into their hand and to minimize the progression of the contracture. On 12/4/25 at 10:53 AM, V2 stated the cotton roll was for R89's contracture and it was the CNAs (Certified Nursing Assistants) responsibility to both document the treatment and to provide the treatment. On 12/04/2025 at 11:17 AM, V2 stated the facility does not have any documentation regarding application or refusal of R89's cotton roll. V2 stated when the order was initiated 15 months prior, the person who entered the CNA task did not check the box in the electronic charting, which would have required the CNAs to chart on the cotton roll. V2 stated this error should have been identified when the restorative nurse reviewed this charting. V2 stated he believed R89 would refuse the cotton roll; however, these refusals should be documented and if he continued to refuse an alternative should be attempted. R89's Care Plan showed, Apply [cotton roll] to right hand per MD (medical doctor) order to affected area. (initiated 9/10/24) The care plan does not show he has a behavior of refusing the cotton roll. The facility's Restorative Nursing Program Policy (Dated 3/10/22) showed, It is the policy of this facility that a resident is given the appropriate treatment and services to enable residents to maintain or improve his or her abilities and to promote the resident's ability to adapt and adjust to living as independently as possible. The policy continued, Activities provided by restorative nursing staff include.splint or brace assistance. The policy showed, A physicians order will be obtained for therapy to evaluate and treat, as necessary.The restorative nurse will review the functional assessment and care plan with involved nursing staff and therapy to assure specific needs are identified, plan implemented, and resident placed in the appropriate restorative program(s).The restorative nurse will complete a periodic evaluation at least quarterly that will reflect the resident's tolerance and progress toward their goals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to transfer a resident in a safe manner. This applies to one two (R136) reviewed for safety in the sample of 45.The findings include: The facility face sheet for R136 shows she has diagnoses to include vascular dementia, congestive heart failure, morbid obesity and history of falls. The facility assessment for R136, dated 10/30/2025, shows she has moderate cognitive impairment and requires touching assistance from staff with toilet transfers. The care plan for R136, dated 8/19/2024, shows she has poor safety awareness and poor endurance and an intervention to use a gait belt for transfers and ambulation was in place.On 12/2/2025 at 10:21 AM, R136 was being assisted to the toilet by V7, CNA (Certified Nursing Assistant). V7 pushed R136 up to the toilet and told her to stand up. V7 was using the back of R136's pants to help stabilize R136 as she stood and pivoted to the toilet. When R136 was finished using the toilet, V7 told R136 to stand up and she would clean her up. As R136 was standing and V7 was cleaning R136 skin, R136 began to yell she couldn't stand up anymore and her knees were observed beginning to give out. V7 was observed pulling up R136 pants and using the pants to help guide R136 to her wheelchair. V7 was never observed applying a gait belt to R136 to assist with the transfer to and from the toilet.On 12/4/2025 at 10:47 AM, V8, CNA, said a gait belt should always be used for the resident's safety during a pivot transfer.On 12/4/2025 at 11:00 AM, V2, DON (Director of Nursing), said a gait belt is to be used for every pivot, 1-2 person transfer for the safety of the resident.The facility policy, dated 9/2020, for gait belts shows to assist with a transfer or ambulation a gait belt will be used with weight-bearing residents who require hands on assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, the facility failed to address a recommendation by the Registered Dietitian to increase a resident's enteral feeding for 1 of 4 residents (R5) reviewed for tube feedings in the sample of 45. The findings include: R5's admission Record, provided by the facility on 12/4/2025, showed diagnoses including, but not limited to adult failure to thrive, severe protein-calorie malnutrition, encounter for attention to gastrostomy (feeding tube), memory deficit following cerebrovascular disease, adjustment disorder, epilepsy, depression, and aphasia following cerebral infarction (a language disorder caused by brain damage-often from a stroke, injury, or tumor-that impairs speaking, understanding speech, reading, and writing). On 12/2/2025 at 11:32 AM, R5 was lying in bed. The head of R5's bed was up 45 degrees. No signs of distress were noted. A feeding delivery system was next to R5's bed, not running. Supplies for R5's tube feedings were in her room. A review of R5's electronic medical record showed current orders for enteral feedings of 960 ml (milliliters) daily, to be run at 80 ml an hour. R5's electronic medical records showed a nutritional assessment for R5 was completed on 11/14/2025 by V14 (Registered Dietitian). V14 had recommended increasing R5's enteral feeding to 1200 ml daily on 11/14/2025. R5's progress notes and care plans were reviewed and did not show any increase was attempted or initiated. On 12/3/2025 at 10:20 AM, V15 (Licensed Practical Nurse-LPN) said R5's enteral feeding starts at 6:00 PM nightly, infusing at 80 ml an hour for a total of 960 ml. V15 said R5 was eating before, and then she stopped eating. R5 was sent out to the hospital and came back with g-tube. V15 said she believes R5 has had that same amount since returning from the hospital. V15 looked through R5's electronic charting and said, It has always been 960 ml daily. It has never increased. On 12/3/2025 at 10:34 AM, V11 (Assistant Director of Nursing/Infection Control Nurse) said, (V14/Registered Dietitian) sends me a copy of her recommendation, and I notify the doctor to get the order. I let the nurses know of any changes. V2 (Director of Nursing-DON) was present during the conversation and said they have skin/weights meeting every week and go over any concerns. V2 said, (V14 /RD), The head of the Dietary Department, (V11 / ADON), and (V12, Wound Care Nurse) attend the weekly skin/weights meetings. Sometimes (V1, Administrator) will attend the meeting. V11 (ADON) looked on her computer and said she missed V14's recommendation to increase R5's enteral feeding. V11 and V2 said the recommendation was not followed up on. V11 said R5's doctor was not notified of the recommendation, and it was not followed up on. R5's Order Summary Report, provided by the facility on 12/4/2025 showed R5's enteral feeding order was not increased to 1200 ml a day until 12/3/2025. R5's November 2025 and December 2025 Medication Administration Records (MARS) showed R5 received 960 ml of enteral feeding daily from 11/14/2025-12/2/2025. The December 2025 MAR showed the enteral feeding order for 1200 ml daily to infuse at 80 ml hour was started on 12/3/2025 at 11:59 AM. R5's care plan, initiated on 10/28/2025, showed she requires tube feedings related to dysphagia, malnutrition, and adult failure to thrive. Interventions in place were to provide tube feeding per MD order, and monitor /record weight. Notify MD of significant weight changes. On 12/3/2025 at 11:09 AM, V2 (DON) said V11 (ADON) should have followed up with the Registered Dietitian's recommendations and updated R5's doctor. V2 said recommendations are made for the benefit of the resident. On 12/4/25 10:09 AM, V14 (Registered Dietitian) said she recommended increasing R5's tube feedings because she (R5) was a new g-tube patient. And she had a slight weight loss over the previous month. V14 said she increased R5's feeding to prevent further weight loss. R5's weight history showed she weighed 113 pounds in September 2025, 116 pounds on 10/25/2025, and 113 pounds on 11/25/2025. R5's weight on 12/4/2025 (observed by this surveyor) was 113.2 pounds. The facility's policy and procedure titled Nutrition Recommendations, with a revision date of 1/2018, showed Nutrition recommendations will be ordered or declined by the physician.1. All nutrition recommendations will be communicated by way of the Dietitian's Recommendation form. 2. All (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	recommendations are copied. The facility will maintain a copy of the Licensed Dietitian's Nutrition Recommendations. 3. The originals are given to the director of Nursing or designee. 3. The DON designates someone to contact the physician for acceptance or refusal of the Licensed dietitian's recommendations.5. When the physician declines a Licensed Dietitian's (LD's) recommendation, nursing will document the refusal and rationale in the resident's medical record under nursing notes. Nursing will advise the Food and Nutrition Services Manager of the refusal. The Food and Nutrition Services Manager will advise the LD of the doctor's refusal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure physician orders were followed for the administration of oxygen for 1 of 1 resident (R122) reviewed for oxygen services in the sample of 45.The findings include:R122's face sheet showed she was admitted to the facility 10/8/25, with diagnoses to include chronic kidney disease, chronic respiratory failure, chronic congestive heart failure, hypertensive heart disease, muscle weakness, depression, and dependence on supplemental oxygen. R122's facility assessment, dated 10/15/25, showed she has mild cognitive deficit and requires assistance with transfers. R122's December 2025 Physician Order Sheet showed, Respiratory: Oxygen per nasal cannula at 2 liters per minute continuous. R122's care plan, initiated 10/21/25, showed, [R122] requires oxygen therapy; Continuous in Dx of Chronic Respiratory Failure, unspecified whether with hypoxia or hypercapnia. Interventions/Tasks. Adjust oxygen to maintain saturation within adequate parameters. R1's vital signs record for the morning of 12/4/25 showed R1's oxygen saturation was completed by V3, RN (Registered Nurse), and documented as 95%. On 12/2/25 at 12:19 PM, R122 was lying in bed with her oxygen on. R122's oxygen was set between 3.5 and 4 liters. On 12/4/25 at 11:07 AM, R122 was resting in bed with her oxygen on between 3.5 and 4 liters. On 12/4/25 at 11:36 AM, V3, RN (Registered Nurse), said, [R122's] oxygen is set at about 3 liters. This morning, she was on room air and her oxygen was good. She has it as needed as well and can be increased if it needs to be, but it depends on how her oxygen is. We usually start at 2 liters. I don't remember what her oxygen level was this morning. On 12/4/25 at 12:30 PM, V2, DON (Director of Nursing), said if the resident's order is for 2 liters, he doesn't know why it would be set higher. V2 said if the oxygen order is for a range they would be able to adjust the level, otherwise, the oxygen should be set to what the physician order it was an order that was put into a range they would be able to adjust it otherwise it should be set at the order. The facility's policy and procedure, dated 9/2020, showed, Oxygen Therapy Devices - Nasal Cannula. Policy: Oxygen delivered per nasal cannula, will be used to prevent and reverse hypoxia and improve tissue oxygenation. Procedure: 1. Verify physicians order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	1545 Barrington Road Hoffman Estates, IL 60169

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to remove soiled gloves before touching any other clean surfaces. This applies to one of Six residents (R136) reviewed for infection control in the sample of 45.The findings include:On 12/2/2025 at 10:21 AM, R136 was being assisted to the toilet by V7, CNA (Certified Nursing Assistant). R136 had been incontinent of stool and V7 was cleaning her up standing in the bathroom. V7 wiped R136 and cleaned her skin of stool. V7 never removed her soiled gloves and then pulled up R136's pants and rubbed R136's back to comfort her. The facility face sheet for R136 shows she has diagnoses to include vascular dementia, congestive heart failure, morbid obesity and history of falls. The facility assessment for R136, dated 10/30/2025, shows she has moderate cognitive impairment and requires touching assistance from staff with toilet transfers and toileting hygiene.On 12/4/2025 at 10:47 AM, V8, CNA, said gloves should be changed when they become soiled and the hands should be cleaned before putting on clean gloves.On 12/4/2025 at 11:00 AM, V2, DON (Director of Nursing), said gloves should be removed and hands sanitized when they become soiled before touching any other surfaces. This is to help spread infections.The facility policy, dated 4/2024, for glove use shows gloves will be used to prevent the spread of infection and disease to other residents, personnel and visitors.